COLLEGE OF SANTA FE

ADD/DROP FORM

OFFICE USE ONLY			
Program			
Major Code			
Initials			
TRAD	1	ALB E&W	4
SF E&W	2	ALB MBA	5
SF MBA	3	ED MA	6

Name: _____
Last First M.I.

Address: _____
Street

_____
City State Zip

Phone: _____
Day Night

Major: _____

Please check if new address ☐

STUDENT I.D. # OR SOCIAL SECURITY #

Term _____ Year _____
Fall, Spring, Summer

OFFICE USE ONLY
REFUND PERCENTAGE
(Refer to course schedule for refund policy.)

DEPT	COURSE #	SEC #	COURSE TITLE	DAYS	TIME	INSTR	CRD HRS	** INSTRUCTOR SIGNATURE

ADD

DROP

_____
*** STUDENT SIGNATURE DATE

_____
ADVISOR SIGNATURE DATE

_____
REGISTRAR'S OFFICE SIGNATURE DATE

_____
OVERLOAD SIGNATURE DATE

**** NOTE**
ONLY-Required for classes that must have instructor consent.

***** I am aware that I am responsible for payment of charges incurred as a result of this add/drop transaction. Please refer to course schedule for refund policy.**

Revised: 08/30/05